



Victory Church, 7325 S. HWY 34, Scurry, TX 75158
 Enrollment for 2020-2021 School Year

Dear Parents,

Victory Church is excited to announce the growth and expansion of Victory Preparatory Academy with Kingdom Kids Preschool. We will be offering a 3 day and 5 day program for our preschool (18 months through 3 years old) and a 5 day Abeka program for Victory Prep students (K-4 through 2nd grade).

Early enrollment for current students and church members will begin February 1, 2020. Please complete and turn in the enrollment application and registration fee to secure your students spot for the 20/21 school year.

We look forward to your child growing at Victory Prep!!

DAYS	EARLY REGISTRATION TUITION	CHURCH MEMBER TUITION	REGULAR TUITION
3 Day Preschool	\$215 per month	\$215 per month	\$230 per month
5 Day Preschool	\$325 per month	\$325 per month	\$350 per month
5 Day Classes K-4 - 2 nd grade	\$325 per month	\$325 per month	\$350 per month
Early Drop Off	\$6 per day	\$6 per day	\$6 per day
Early Drop Off (Monthly)	\$75 per month	\$75 per month	\$75 per month

Registration Fee: (All Students) \$80

Supply Fee:

3 Day Program: \$60 per semester

5 Day Program: \$80 per semester

K-4 through 2nd Grade Curriculum/Supply Fee: \$200 1st semester; \$80 2nd semester

*Multi-Child Tuition Discount Available

Second child 15% Third child 20%



KINGDOM Kids

Enrollment Application 2020-2021

Child's Name: _____

Name child goes by: _____ M/F: _____ Birth Date: _____

Age as of 9/1/20: _____ (Your child must be the class age on or before September 1)

Home Address: _____ **Priority Telephone:** _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ **Driver's License:** _____

Address: _____ **Cell Number:** _____

Occupation: _____ **Work Number:** _____

Email: _____

Mother's Name: _____ **Driver's License:** _____

Address: _____ **Cell Number:** _____

Occupation: _____ **Work Number:** _____

Email: _____

Does child live with both parents? _____

Church Affiliation: _____ **Members:** Yes No

Emergency Contact: (other than parent)

Name _____ **Driver's License #:** _____

Phone Number: _____ **Relationship to Child:** _____

I hereby Authorize the staff of Victory Prep/Kingdom Kids @ Victory Church to obtain emergency medical treatment for my child should he/she becomes ill or injured. I further release said center, church and staff from any liability pertaining to injury or illness of my child.

Physician's Name: _____ **Phone Number:** _____

Address: _____

Signature of Parent/ Legal Guardian: _____ **Date:** _____

DATE RECEIVED _____	REGISTRATION PAID _____	ADMISSION DATE _____
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GETTING ACQUAINTED WITH YOUR CHILD

Has your child been in a structured school program before?

If so, where? _____

Is your child completely potty-trained: (2yr old and 3yr old) Yes No

Other children in the family:

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Other adults in the home other than parents:

Name: _____ Relation: _____

Name: _____ Relation: _____

Have you moved recently? _____

His/ Her favorite play materials and activities: _____

We are so excited to get to know your child by interacting with him/her daily. As you know this will take a little time. Help us jump start our relationship with your child by telling us a little about them.

Does your child:

Listen to stories

Listens to music

Use crayons

Use paint

Plays with others

Pretend play

Your child's health and safety is our top priority as are the other children that attend the our school. Please understand we take the best interest of every child when illness or injuries occur.

Allergies/Special attention needs:

(We must have a completed food allergy & emergency plan for the child completed by the child's physician)

Food: _____

Health: _____

In efforts to keep your child's safety and wellbeing our top priority, we ask that you choose a security password that others will use when they pick up your child.

Security Password: _____

In-order to provide the safest environment possible for your child, we ask that you list those persons to whom we may release your child. They will need to know your security password & present driver's license.

Name: _____ Driver's License Number: _____

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Name: _____ Driver's License Number: _____

Do we have your permission to use your child's photograph and/or likeness in brochures or videos?

Yes No

Parent/ Guardian Signature _____

Date _____